

WEST COAST FUND RAISING

CORPORATE OFFICES

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KIDS KORNER GIFT SHOPPE AGREEMENT

GROUP NAME: _____ (Please specify PTA, PTO, etc.)
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
COUNTY: _____ TAX RATE: _____
SCHOOL PHONE: () _____ FAX: () _____ PRINCIPAL: _____
CHAIRPERSON: _____ PHONE: () _____ CELL #: () _____
CHAIR'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
E-MAIL ADDRESS: _____
TREASURER: _____ PHONE: () _____
PTA PRESIDENT: _____ PHONE: () _____
PRESIDENT E-MAIL ADDRESS: _____

SHOP START DATE: _____ SHOP END DATE: _____
STUDENTS _____ # CLASSROOM TEACHERS _____ GRADE LEVEL _____

ALL RETURNING MERCHANDISE, CHECK AND PAPERWORK MUST BE UP IN YOUR FRONT OFFICE BY

*****DATE _____ by 9:00 a.m.*** READY FOR PICK UP BY WEST COAST FUND RAISING.**

DOES YOUR SCHOOL HAVE A CASH REGISTER? yes no DO YOU NEED TO BORROW A REGISTER? _____
HAVE YOU DONE A HOLIDAY SHOP BEFORE? yes no WHAT WERE YOUR TOTAL SALES? _____
COMMENTS: _____

Terms & Conditions for Kids Korner Program

We the above named group, understand that the company, upon acceptance of this agreement...

1. Agrees to provide our group with a pre-packed selection of "kid priced" gift items.
2. Agrees to provide our group, at no cost to our group, with flyers and gift guide envelopes for each child in our school.
3. Agrees to provide our group, at no cost to our group, with gift bags and bags to carry their gifts home in.
4. Agrees to deliver the gift items to our school address.
5. Agrees to deliver reorders when 30% or more of the Kids Korner Gift Shoppe stock is sold.
6. Agrees to take back all unsold Kids Korner Gift Shop merchandise for full credit.

We, the above named group, understand that Kids Korner Gift Shoppes has designed this program to run during school hours because it affords all the children in the school an opportunity to shop in a "Safe-Non-Commercial" atmosphere.

Therefore, we agree to:

1. Run the Kids Korner Gift Shoppes program like a "going out of business sale" for TWO OR MORE DAYS DURING SCHOOL HOURS.
2. Display all merchandise supplied by Kids Korner Gift Shoppes.
3. Use the forms provided by the company to keep track of our sales each day.
4. Check in the original order upon to receipt to make sure that all boxes are received and all items are coded.
5. Have all unsold merchandise, unused supplies, financial paperwork and a check with the amount due ready for pickup the day after the sale ends.
6. Remit the amount due for merchandise sold at product pick up date listed above. **An account will be considered late and receive a 10% late fee if not paid by the pickup date.** Checks need to be made payable to: **West Coast Fund Raising.**
7. Sell no other commercial products along with the Kids Korner Gift Shoppe merchandise.
8. Not to cancel this contract after October 1, 2011.

(Should we have to cancel after 10/1/11 we understand there will be a \$300 restocking fee, plus shipping charges for receipt and return) _____ intl.

CHAIRPERSON'S SIGNATURE: _____ DATE _____

REPRESENTATIVE'S SIGNATURE (WEST COAST FUND RAISING) _____